DOCUMENT RESUME

ED 438 061 PS 028 261

AUTHOR	Fagnoni, Cynthia M.
TITLE	Child Care: State Efforts To Enforce Safety and Health Requirements. United States General Accounting Office Report to Congressional Requesters.
INSTITUTION	General Accounting Office, Washington, DC. Health, Education, and Human Services Div.
REPORT NO	GAO/HEHS-00-28
PUB DATE	2000-01-00
NOTE	42p.
AVAILABLE FROM	U.S. General Accounting Office, P.O. Box 37050, Washington, DC 20013 (First copy, free. Additional copies, $2 each). Tel: 202-512-6000; Fax: 202-512-6061; e-mail: info@www.gao.gov. For full text: http://www.gao.gov.
PUB TYPE	Reports - Research (143)
EDRS PRICE	MF01/PC02 Plus Postage.
DESCRIPTORS	*Child Health; Child Safety; *Compliance (Legal); *Day Care; Day Care Centers; Early Childhood Education; Government Role; National Surveys; *Safety; State Action; *State Regulation
IDENTIFIERS	Child Care and Development Block Grants; Day Care Licensing Agencies; *Day Care Regulations

ABSTRACT

Although states must certify that they have requirements to protect the health and safety of children in child care in order to receive Child Care and Development Block Grant funds, neither the scope nor stringency of these requirements has been stipulated. At the request of Congressional members, this report identifies the most critical licensing/enforcement activities that help states ensure child safety and health in child care, describes the extent to which states conduct these activities for regulated providers, and explains how states ensure that nonregulated providers receiving block grant funds meet the law's safety and health requirements. Information sources included a literature search, interviews with child care licensing experts and state/federal officials, and a national survey of state licensing directors. Among the licensing/enforcement activities recommended in the findings are criminal background checks and child abuse registry checks on prospective providers, and frequent, unannounced monitoring visits. Most states' policies for background checks and monitoring visits were consistent with recommendations. Success in following recommended practices was related to increases in staff and budgets for licensing offices. Most states reported having an array of sanctions to bring providers into compliance. The states' enforcement activities also satisfy the safety and health requirements of the block grant. For providers that states choose not to regulate, some states nevertheless conduct activities usually reserved for regulated providers; many states inform nonregulated providers of the safety and health requirements and ask them to certify that they will comply with requirements. Appendices provide tables on frequency of state licensure and monitoring visits, state child care licensing budget and full-time-equivalent staffing levels, and state caseloads. (KB)

Reproductions supplied by EDRS are the best that can be made
from the original document.

United States General Accounting Office

GAO

Report to Congressional Requesters

ED 438 061

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
X This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

January 2000

CHILD CARE

State Efforts to Enforce Safety and Health Requirements

PS 028261

BEST COPY AVAILABLE

GAO
Accountability * Integrity * Reliability

GAO/HEHS-00-28

GAO

United States
General Accounting Office
Washington, D.C. 20548

Health, Education, and
Human Services Division

B-281869

January 24, 2000

The Honorable Pete Stark
The Honorable George Miller
The Honorable Sander M. Levin
House of Representatives

The need for child care has grown dramatically over the last few decades. In 1975, 39 percent of women with children under the age of 6 were in the labor force; by 1997 that number had grown to 65 percent. The work requirements of the Personal Responsibility and Work Opportunities Act of 1996 have also increased the demand for child care by moving many more welfare parents into the workforce than ever before.

To help protect children in child care, states regulate providers by setting health and safety requirements that child care providers must meet and enforcing these requirements through activities conducted by state child care licensing offices. However, most states do not regulate all types of providers. Nonregulated providers are not required to meet state child care requirements and are not subject to state enforcement activities. Examples of nonregulated providers include relatives, such as grandparents, aunts, and siblings; in-home providers like nannies and au pairs; some family child care providers caring for small numbers of children in the provider's home; and center programs that operate part-day or part-year.

Though setting and enforcing child care requirements are primarily the responsibilities of the states and their localities, the federal government requires that states have basic child care safety and health requirements in place in order to receive funds from the Child Care and Development Block Grant (CCDBG).[1] The block grant subsidizes child care costs for low-income families. To obtain these funds, states must certify to the federal government that they have in place requirements to protect the health and safety of children in child care as well as procedures to ensure that both regulated and nonregulated providers being paid with block grant dollars comply with these requirements.[2] However, the block grant

[1]In fiscal year 1999, the total amount of appropriated block grant money came from two sources. Approximately $1.2 billion came from the reauthorized CCDBG and was to be used in fiscal year 2000; approximately $2.2 billion was authorized by section 418(c) of the Social Security Act and is subject to CCDBG requirements. We refer to the combined funds, which are also known as the Child Care and Development Fund, as the block grant.

[2]States have the option to exempt from health and safety requirements grandparents, great-grandparents, siblings (if they live in a separate residence), and aunts and uncles.

does not stipulate the scope or stringency of these requirements or how states should determine compliance with them.

Because of the significant federal role in paying for child care services, you have raised concerns about the way in which states ensure the safety and health of children in child care settings. You asked us to (1) identify the most critical licensing and enforcement activities that help states ensure the safety and health of children in child care, (2) describe the extent to which states conduct these critical activities for their regulated providers, and (3) explain how states ensure that nonregulated providers receiving block grant funds meet the law's safety and health requirements.

To do this work, we conducted a literature search and interviewed child care licensing experts and state and federal officials. We also surveyed state licensing directors in 50 states and the District of Columbia about the extent to which they conduct critical enforcement activities, and all but one returned a completed questionnaire. The documents on which we primarily relied to identify critical enforcement activities were the National Health and Safety Performance Standards (NHSPS)—developed jointly by the Maternal and Child Health Bureau of the Public Health Service, the American Academy of Pediatrics, and the American Public Health Association—and a position paper developed by the National Association for the Education of Young Children (NAEYC).[3] In addition, we compared data we collected for a 1992 report,[4] which was based on a survey of state licensing offices about their activities, with data collected by our survey for this work to determine whether significant changes had occurred in state licensing and enforcement activities. We conducted our work between January and November 1999 in accordance with generally accepted government auditing standards.

Results in Brief

Experts and the literature cite a number of licensing and enforcement activities important to helping states ensure that providers comply with state child care requirements. Additionally, they recommend that states conduct these activities for all types of care provided in a setting other

[3]Both documents, developed by expert panels knowledgeable about child care licensing issues, contain specific recommended practices for licensing offices regarding enforcing child care standards. The NHSPS also contains recommended safety and health requirements for use by child care programs and states to structure and deliver high-quality child care services. Neither the NHSPS nor NAEYC standards constitute federal requirements.

[4]Child Care: States Face Difficulties Enforcing Standards and Promoting Quality (GAO/HRD-93-13, Nov. 20, 1992).

than the child's home, except for care provided by relatives. Key among these activities are

- completing state, and sometimes federal, criminal background checks as well as child abuse registry checks on prospective providers in order to screen them for suitability for working with children;
- conducting frequent and unannounced monitoring visits to providers—at least once a year for centers and once every 5 years for homes—to get firsthand knowledge regarding a provider's compliance with requirements as well as to help the provider achieve compliance; and
- having an array of sanctions available, including the authority to revoke a license, so that providers who consistently or flagrantly violate requirements for protecting the safety and health of children can be prohibited from providing care to children.

To effectively and consistently carry out these critical activities, experts and the literature recommend that licensing staff be adequately trained in child care or related fields and have at least 24 hours per year of ongoing training. Furthermore, licensing offices should have sufficient numbers of staff to maintain caseloads at about 75 providers for each licensing staff person so that staff have time to adequately conduct all their activities.

Most states' policies for conducting background checks and monitoring visits are generally consistent with recommended enforcement practices. For example, 46 states said that they visit child care centers one or more times a year, and 36 states reported visiting family child care homes at least once every 5 years. Both practices meet or exceed the recommended practices. States' reported success in following the recommended practices for visits appears to be related to increases in full-time-equivalent (FTE) staff and budgets for licensing offices, which increased on average by 53 percent and 44 percent, respectively, between 1996 and 1999. In addition, most states reported having an array of sanctions to use, such as imposing fines, to bring providers into compliance, and all stated that they had the authority to revoke a license. Approximately half of the states reported that they require staff to have education and experience in child care or a related field as well as ongoing training, though only four states required 24 hours or more of training per year, as recommended. Only 11 states reported caseloads at or below the recommended 75 facilities per staff person, with about a third of the states at 150 or more facilities per staff person. And while states conduct many of the critical licensing and enforcement activities for their regulated

providers, only two states reported regulating all types of care outside the child's home, except for relative care, as recommended.

The enforcement activities that a state conducts under its normal licensing processes for regulated providers also satisfy the safety and health requirements of the block grant. For providers that states have chosen not to regulate, some states conduct activities usually reserved for regulated providers. For example, 20 states reported conducting background checks on nonregulated providers, while about 6 states reported making monitoring visits to them. However, many states typically provide packages of materials informing nonregulated providers of the safety and health requirements they must meet and ask them to certify that they will comply with the requirements. The trade-off states face is that, on the one hand, relying on a self-certification process has the potential to reduce the costs to parents and states that are associated with greater oversight. On the other hand, self-certification does not afford as much assurance that the requirements—which the block grant says states must have—are being met by nonregulated providers as does the level of oversight for regulated providers.

Background

States are responsible for protecting the safety and health of children in child care settings, which they pursue by developing requirements that care providers must meet and conducting activities to ensure they do so. While the federal government's role is limited in this area, the block grant does require states to certify that safety and health requirements, as well as procedures to ensure compliance by providers, are in effect in order for states to receive block grant funds.

State Responsibilities for Safety and Health in Child Care

Parents who need child care services select from different types of child care providers: in-home care, in which a child is cared for by a provider such as an au pair or nanny in the child's home; family child care or group home care, in which the child is cared for in the provider's home;[5] and center care, in which a child is cared for by providers in a nonresidential setting, such as in a church, school, or business. Additionally, care can be provided by someone related to the child other than the parents, such as grandparents, aunts, uncles, or siblings, which is referred to as relative care.

[5]Typically, family child care consists of one provider caring for six or fewer children. Group home care usually involves two providers caring for 7 to 12 children.

States and localities are responsible for regulating child care providers so that the safety and health of children are protected in child care settings. States carry out this responsibility by (1) establishing specific requirements that regulated child care providers must comply with in order to legally operate and (2) enforcing these requirements through activities conducted by state licensing offices. While states' child care requirements also cover supervision and curriculum, they focus mostly on basic safety and health requirements, such as keeping smoke detectors in working order, locking cabinets that contain dangerous materials, and ensuring that children in care have up-to-date immunizations. The licensing and enforcement activities, which are prescribed in state laws and regulations, include screening potential providers for suitability by checking medical and criminal background histories, making visits to providers to observe firsthand if requirements are being followed, and imposing sanctions on providers found to be out of compliance with the requirements. The stringency of the requirements with which providers must comply and the scope and intensity of state enforcement activities differ among the provider types within states as well as among states overall.

To decide on a level of enforcement activities, states consider a number of factors, key among which typically are a state's budget and staffing resources to carry out the tasks necessary for enforcing a state's regulatory policies. We reported in 1992, for example, that in the early 1990s many states limited the number of monitoring visits that their licensing offices routinely conducted because of budget cutbacks and the constrained fiscal climate.[6] While the current fiscal condition of most states is healthy, funds are not unlimited. Hence, given the competing priorities for limited funds, states must make choices about the extent to which they can conduct enforcement activities and the types of providers to which these activities will apply.

State policies regarding child care regulation are also influenced by the supply of child care and its cost to parents. Recent research has shown that some types of child care regulation, such as requiring liability insurance, may increase the cost of doing business for providers, particularly for small providers like family and group homes. Providers may choose to leave the market because they do not wish to spend the time or incur the expense necessary to comply with a particular regulation; alternatively, providers may raise their rates to recoup the cost of complying, thus raising the cost of care to parents.

[6]GAO/HRD-93-13, Nov. 20, 1992.

Roles of the Block Grant and the Department of Health and Human Services

The fiscal year 1999 block grant appropriation provided approximately $3.4 billion to states to help low-income parents pay for child care.[7] The law requires that states certify to the federal government that they have requirements in effect to protect the health and safety of children in child care. While the block grant does not require states to develop new requirements if existing ones comply with the statute, it does stipulate that these requirements cover the following areas: prevention and control of infectious diseases, building and physical premise safety, and minimum health and safety training appropriate to the provider setting.[8] States must also certify that they have procedures in place to ensure that providers receiving payments from the block grant comply with these requirements. However, the block grant does not dictate to states the specificity, stringency, or number of safety and health requirements they must have or the manner in which they should enforce them.

The enactment of the welfare reform law of 1996, under which the CCDBG was reauthorized, narrowed the authority of the Department of Health and Human Services (HHS) to regulate the states. HHS' role regarding the enforcement of child care safety and health requirements in particular is limited to checking that states applying for block grant funds have certified and described the requirements and procedures for enforcement that they have in effect. Specifically, HHS reviews state plans, which must be submitted to HHS every 2 years, to determine state eligibility for block grant funds. These plans describe, among other things, states' safety and health requirements and their procedures for ensuring provider compliance with them. In addition, HHS provides technical assistance and information to states through policy guidance, newsletters, conferences, and on-site visits and consultations.

Another requirement of the block grant is that states submit data to HHS about the families they are serving with these funds and the type of care the children are using. Data reported by states to HHS for fiscal year 1998, the most recent year for which data are available, show that approximately 28 percent of block-grant-subsidized children nationwide were using nonregulated providers. This figure differs, however, depending on the type of child care setting used. For example, only 2 percent of

[7]Typically, states pay for child care with block grant funds by providing eligible parents with a voucher that they take to the child care provider of their choice. The voucher certifies that payment up to an amount allowed by the state will be made directly to the provider by the state for child care services rendered. Some child care providers also receive block grant funds through contracts with or grants directly from the state for child care services provided to eligible children.

[8]While states must have requirements in these areas to obtain block grant funds, no national mandatory health and safety requirements for child care exist.

block-grant-subsidized children using centers and 1 percent using group homes were with nonregulated providers, while approximately 54 percent of block-grant-subsidized children using family child care were being cared for by nonregulated providers. Very young children, typically from birth through age 2, are more likely to be cared for in family child care than older children are.

Several Licensing and Enforcement Activities Are Cited as Critical

Both experts and the literature recommend that a range of licensing and enforcement activities be conducted to ensure that providers comply with a state's child care requirements. Further, they recommend that states conduct these activities for all providers who care for children outside of the child's home, except for relatives.[9] The licensing and enforcement activities most commonly considered to be critical are listed in table 1.

Table 1: NAEYC- and NHSPS-Recommended Practices for Licensing and Enforcement

Critical activity	Description
Background checks	Before granting a license, state criminal record files and child abuse registries should be checked for all adults permitted to be alone with children in a facility. People with less than 5 years of state residency should receive an out-of-state or federal check.
Monitoring visits	Centers and group homes should receive at least one unannounced inspection per year. Small family child care homes should receive at least one unannounced visit every 5 years.
Sanctions	Sanctions should be a part of the regulatory system and include an array of enforcement options, such as fines and revocation of licenses.
Training for licensing staff	Staff should have appropriate education and experience for the form of child care they are assigned to inspect. They should receive at least 24 hours of continuing education each year.
Caseload size	Each staff person's caseload should consist of no more than 75 provider facilities.[a]

Note: For each activity, we used either the NAEYC or NHSPS recommendation, but not both, because in some cases one of the documents did not cover a particular enforcement activity, or in other instances, the recommended practice was not specific enough.

[a]NAEYC's standard allows states that do not inspect family child care homes to assume larger caseloads, but it does not specify how much larger the caseload should be.

Background Checks

Background checks involve gathering information from state and federal databases to determine if providers have a history of child abuse or other

[9]The policies of NAEYC and the NHSPS are slightly different, in that NAEYC proposes regulating providers who care for two or more unrelated children, while NHSPS recommends regulating all providers who care for children outside the home.

criminal convictions—in particular, committing violent acts against other people or sexual molestation of children—that would make them unacceptable for working with children. Experts and the literature identified background checks as critical to identifying such individuals before they are allowed to work with children and as a deterrent to unacceptable individuals who may consider applying for child care work.

Monitoring Visits

Through on-site monitoring visits, licensing officials periodically observe daily operations and determine providers' compliance with state requirements. Visits also provide an opportunity for licensing staff to educate or consult with providers to help them identify reasonable ways to comply with child care requirements. Furthermore, experts recommend making some unannounced visits so that licensing staff are given an opportunity to see a provider's operations without the benefit of "best face" preparations.

Sanctions

Sanctions are penalties a state licensing unit may impose when a provider is out of compliance with state requirements. These sanctions can include, for example, imposing fines, suspending a license immediately, refusing to renew a license, and revoking an existing license. Experts believe that the authority to impose sanctions, and in particular to revoke a license, makes providers take seriously the state's child care requirements and its efforts to enforce them.

Training for Licensing Staff

Adequately trained licensing staff are also critical to the effective enforcement of a state's child care requirements. Such training, which should include both prior education and work experience in child care or a related field, helps ensure that licensing staff understand the requirements so they can effectively inform providers how to comply with the requirements. Ongoing training for licensing staff in such areas as the application of licensing rules and regulations is also considered important. Through training, licensing staff also learn to apply the state's child care requirements in a consistent and objective manner so that children are equally protected and providers are treated fairly.

Caseload Size

Another critical element of effective licensing and enforcement is having sufficient staff to carry out licensing and enforcement activities in a competent and timely manner; one indicator of sufficient staff is caseloads

that are not too large. A caseload is typically defined as the number of providers for which one full-time staff person is responsible. The responsibilities of licensing staff include conducting routine monitoring visits, giving technical assistance to providers to help them achieve and remain in compliance, carrying out follow-up visits to determine if previously cited noncompliance has been corrected, and making visits to investigate complaints. In addition, staff perform in-office duties, such as checking documentation to determine a provider's criminal history, preparing licensing reports, and preparing for and testifying at administrative hearings. Adequate staffing allows for the timely handling of all of these duties.

Experts note, however, that there is only limited agreement on using the caseload standard of 75 facilities per licensing staff person because a single standard may not fully account for all the variables that need consideration when determining an appropriate caseload level. Such variables include the number of children cared for by individual providers and programs, state policies for the number of monitoring visits to be conducted each year, travel time to and from providers, and the complexity and scope of the requirements to be enforced, to name a few.[10] These variables differ among state licensing offices, further complicating the use of a caseload standard.

States Follow Most Recommended Licensing and Enforcement Practices for Regulated Providers

In comparing data reported by states about their licensing and enforcement activities with the recommended practices identified by experts and the literature, we found that states generally follow the recommended practices for their regulated providers regarding background checks, frequency of monitoring visits, use of unannounced visits, sanctions, and training of their licensing staff. However, most states do not have caseloads at the recommended level or regulate all out-of-home providers, as recommended by the experts.

Most States Conduct State Criminal History and Child Abuse Checks; Fewer Conduct FBI Checks

Background checks on providers include state criminal history checks, state child abuse registry checks, and Federal Bureau of Investigation (FBI) checks. All but four states reported conducting at least one type of background check on child care providers, and many states reported conducting more than one type of check. According to our survey, checks for state criminal and child abuse histories typically take a month or less. Of those states conducting FBI checks, about half reported that the checks

[10]Technical Assistance Bulletin No. 99-01: Licensing Workload Assessment, National Association for Regulatory Administration, Apr. 1999, p. 3.

took between 1 and 3 months, and half reported that these checks took more than 3 months.

As table 2 shows, a total of 40 states reported requiring state criminal background checks for family child care providers, 32 for group home providers, 40 for center directors, and 39 for center teaching staff. Regarding state child abuse registry checks, 35 states reported requiring such checks for family child care providers, 30 for group home providers, 32 for center directors, and 29 for center teaching staff. Finally, more states conduct state criminal and child abuse checks than FBI checks across provider types.

In addition, many states reported conducting checks on individuals other than those working directly with children who could have contact with the children in care. For example, 38 states reported conducting state criminal checks on a family child care provider's spouse, while 28 states reported conducting this check for the spouse of a group home provider. (See table 2.)

Table 2: Number of States That Reported Conducting Background Checks on Regulated Providers, by Type of Check and Provider, 1999

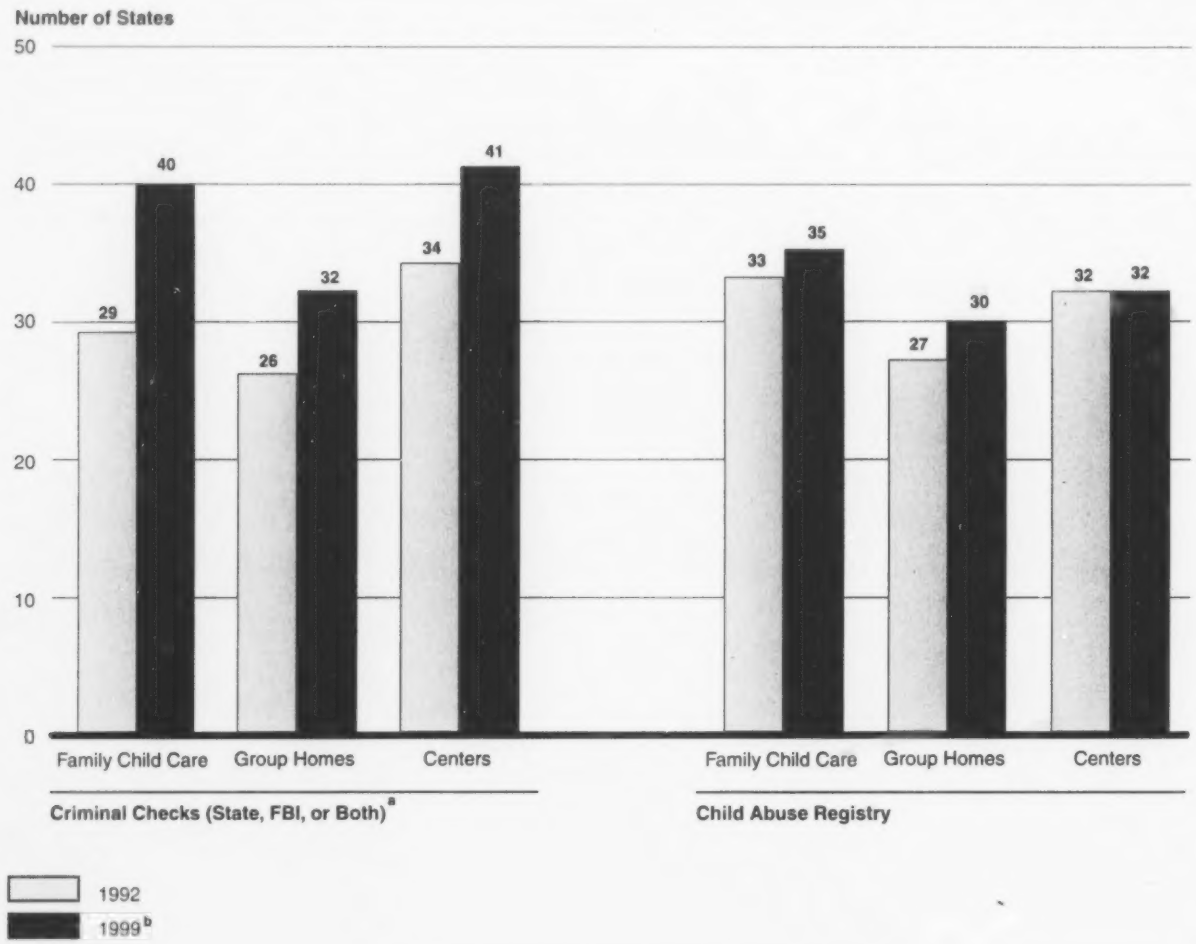
Types of background checks	State criminal background checks	State child abuse registry checks	FBI checks
Family child care			
Provider	40	35	16
Provider's assistant	37	32	13
Provider's spouse	38	32	12
Provider's minor children	14	18	1
Other adults living in the provider's home	37	30	11
Group homes			
Provider	32	30	14
Provider's assistant	32	28	12
Provider's spouse	28	25	9
Provider's minor children	9	14	0
Other adults living in the provider's home	27	24	9
Centers			
Center director	40	32	16
Teaching staff	39	29	15
Other nonteaching staff	36	25	12

Note: Forty-three states reported data for group homes in 1999, although three of these states refer to group homes as "small child care centers."

BEST COPY AVAILABLE

To determine if the number of states that reported conducting background checks has changed over the years, we compared these results with the data we collected in 1992. We found that the number of states that reported conducting state criminal background checks, FBI checks, or both increased, on average, by about 27 percent across provider types between 1992 and 1999. During this same period, the number of states that reported conducting child abuse registry checks increased 6 percent for family child care providers and 11 percent for group homes but remained constant for child care centers. (See fig. 1.)

Figure 1: Number of States That Reported Conducting Background Checks on Regulated Providers, 1992 and 1999



Note: Forty-three states reported data for group homes in 1999, although 3 of these states refer to group homes as "small child care centers"; for 1992, 38 states reported data for group homes.

[a]For the 1999 data collected on criminal background checks, we combined state responses to separate questions regarding state criminal checks and FBI checks in order to compare them to data collected in 1992, when FBI and state criminal checks were not broken out separately.

BEST COPY AVAILABLE

[b]The 1992 survey did not capture separate data on whether states conducted checks on different individuals working with a provider, such as a center director or provider's assistant, while the 1999 survey did. Therefore, in analyzing the 1999 survey responses, we counted a state as conducting a check if it did so for a provider, teacher assistant, or center director. Hence, in some cases, the totals in table 2 may not match the totals for 1999 in this figure.

Most States Conduct Monitoring Visits in Accordance With Recommended Practices

According to data reported to us through our survey, in 1999 46 states met or exceeded the recommended number of monitoring visits for centers, and 35 states did so for group homes.[11] Similarly, monitoring activities for family child care homes in 36 states also reflected the recommended practice of visiting at least once every 5 years.[12] Twenty-eight states met or exceeded the recommended practice for family child care homes by visiting them at least once a year. (See table 3; app. I presents the frequency of monitoring visits by state.)

[11]Our survey asked questions about states' policies for the frequency of monitoring visits as well as about the actual practices. In almost all cases, states' responses to both the policy and practice questions were the same.

[12]The recommended practice also stipulates that all homes be regulated except homes in which care is provided by relatives. Most states do not regulate their family child care homes to the extent outlined in the recommended practice. See the discussion of exemptions later in this report.

BEST COPY AVAILABLE

Table 3: Frequency of States' Monitoring Visits to Providers, 1999

Number of monitoring visits per year[a]	Number of states
Family child care[b]	
Less than once a year	8
At least once a year	12
At least twice a year	16
Group homes[c]	
Less than once a year	6
At least once a year	14
At least twice a year	21
Centers	
Less than once a year	4
At least once a year	17
At least twice a year	29

Note: Forty-three states reported data for group homes in 1999, although three of these states refer to group homes as "small child care centers."

[a]These calculations are based on visits to providers conducted by states for both license renewal and routine compliance.

[b]Data for 14 states are not included in this table for the following reasons: 6 states reported that they do not inspect family child care providers, and 8 states reported conducting visits on the basis of a random sample of family child care providers.

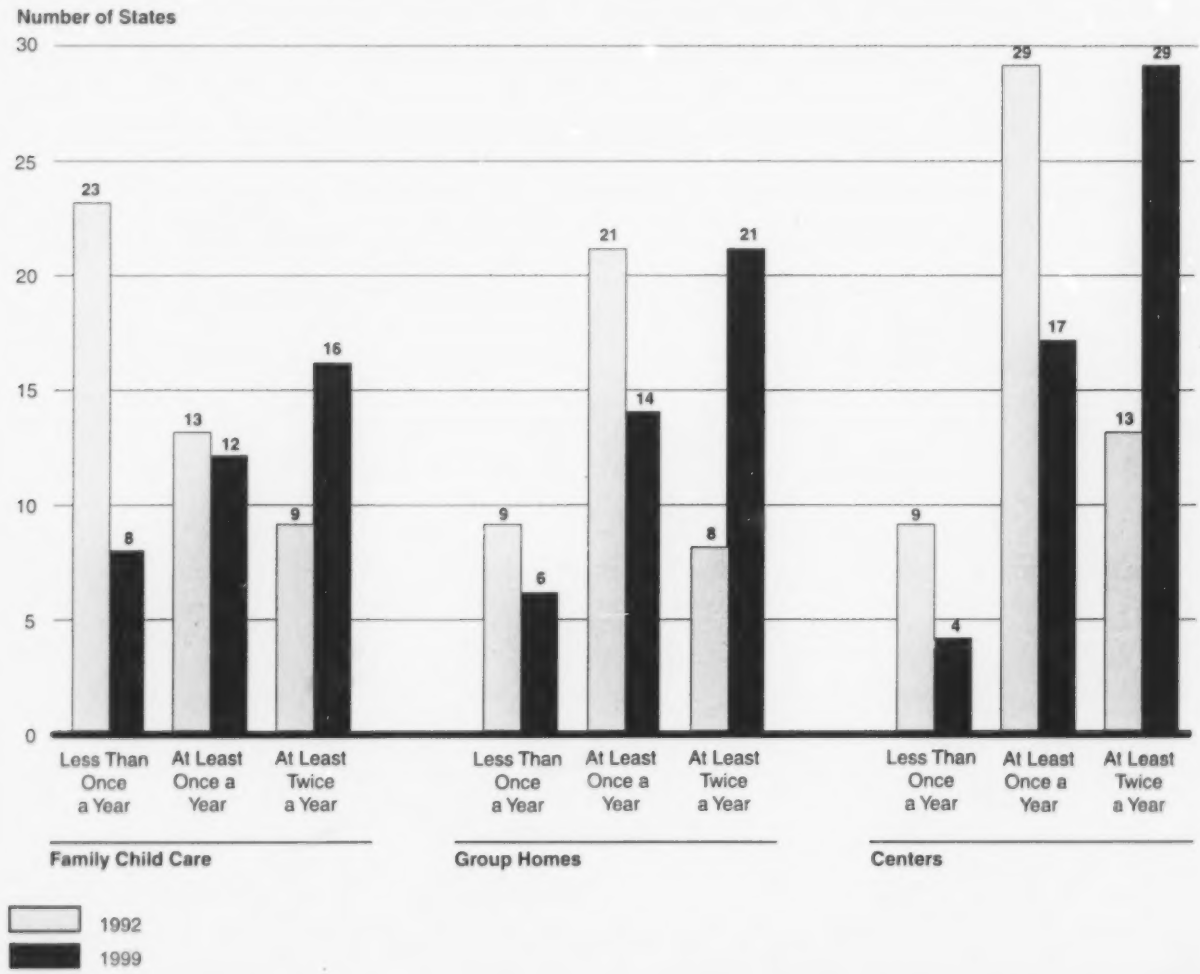
[c]Forty-three states reported data for group homes. Data for two of these states are not included in this table because these states conduct visits on the basis of a random sample of group home providers.

In addition to visiting providers as often as recommended, most states reported that monitoring visits were unannounced, as recommended, meaning either that no advance warning was given to the provider that licensing staff would be visiting or that less than a day's notice was given. Specifically, 39 states reported making unannounced visit to centers, and 33 said they did so for group homes and family child care homes.[13]

Comparing how frequently states reported visiting providers in 1999 with data reported to us in 1992, we found that the number of visits per year generally increased for all provider types during these 7 years. For example, the number of states reporting that they conducted visits two or more times a year approximately doubled for all provider types between 1992 and 1999, as shown in figure 2.

[13]As with the frequency of monitoring visits, our calculations are based on data for both license renewal and compliance visits.

Figure 2: Frequency of Monitoring Visits Reported by States, 1992 and 1999



Increased Resources and Smaller Caseloads Appear to Account for More Frequent Visits

While states reported increases in the number of visits to all provider types between 1992 and 1999, more states reported visiting centers more often than any other provider type. As figure 2 shows, 29 states reported visiting centers two or more times a year in 1999. States that reported visiting centers this often tended to have smaller caseloads—smaller numbers of provider facilities per FTE licensing staff person—than those states visiting less often; these states also had larger average increases in FTE staff and in

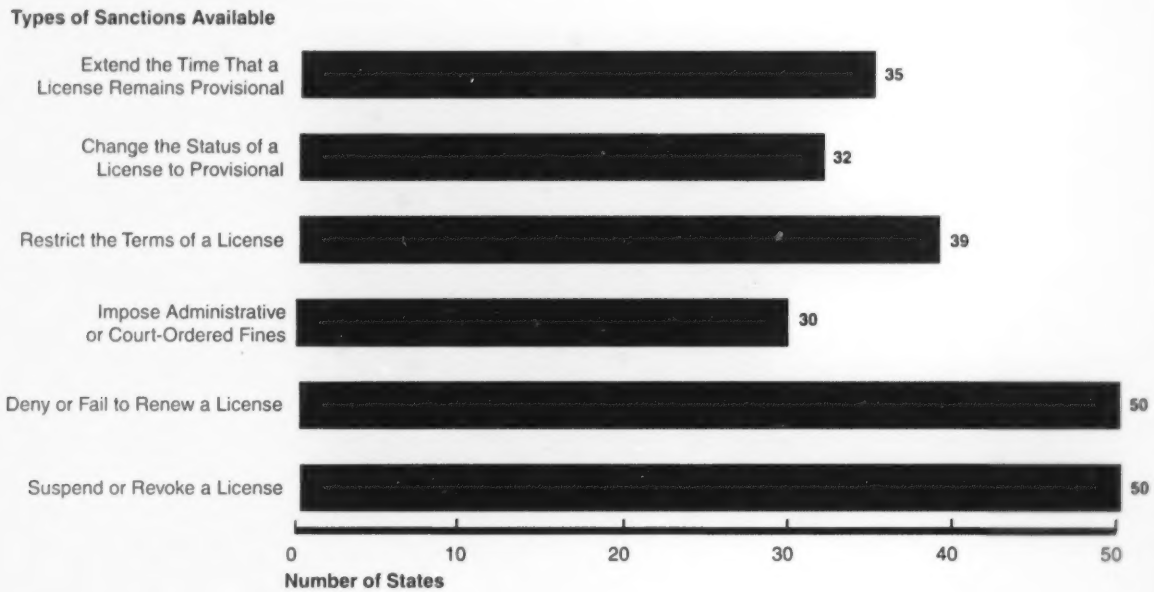
BEST COPY AVAILABLE

their budgets (see app. II for state budget and FTE data). For example, the average caseload for states that reported conducting visits to centers two or more times a year was 125 providers for each licensing staff person; for states visiting centers less often, the average caseload was 159. Similarly, state licensing offices conducting visits twice or more a year had increased their FTEs and budgets, on average, by 57 percent and 68 percent, respectively, between 1996 and 1999. For those states visiting less often, FTEs increased an average of 28 percent, while budgets increased an average of 37 percent. Overall, state licensing budgets and FTEs increased, on average, by 53 percent and 44 percent, respectively, between 1996 and 1999.

States Have a Variety of Sanctions Available, Including License Revocation

States reported having a range of sanctions to use to help bring providers into compliance and keep them in compliance with child care requirements. Furthermore, all states reported having the authority to revoke or suspend a provider's license for repeated noncompliance or an egregious violation of state child care requirements, such as neglecting or abusing a child (see fig. 3). Sanctions states can use vary, but more serious sanctions include changing a provider's license to a time-limited provisional license, refusing to renew a license, and suspending or revoking a license.

Figure 3: Number of States Reporting Various Sanctions Available for Use

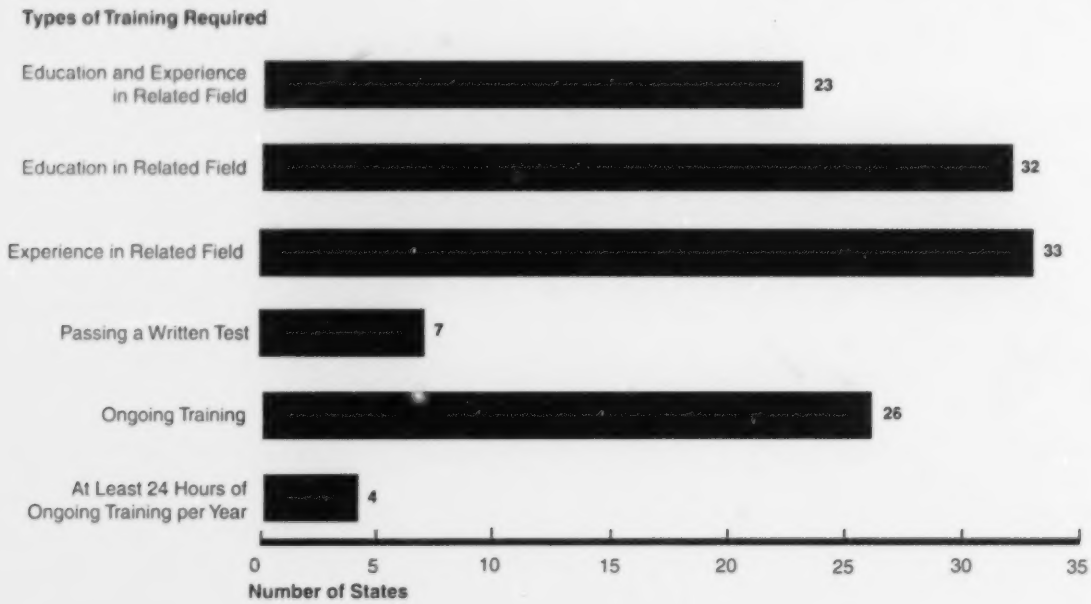


About Half the States Follow Recommended Practice for Staff Preservice Training Requirements

Almost half the states reported having preservice training requirements[14] for licensing staff that mirror the recommended training standard; that is, applicants for licensing inspector positions should have appropriate education and experience in the child care field before assuming a licensing position. Although 26 states require ongoing training, only 4 specifically follow the recommended practice by requiring at least 24 hours of training; most do not require a specific amount (see fig. 4).

[14]Preservice requirements are the qualifications needed by a prospective employee to be hired for a specific position.

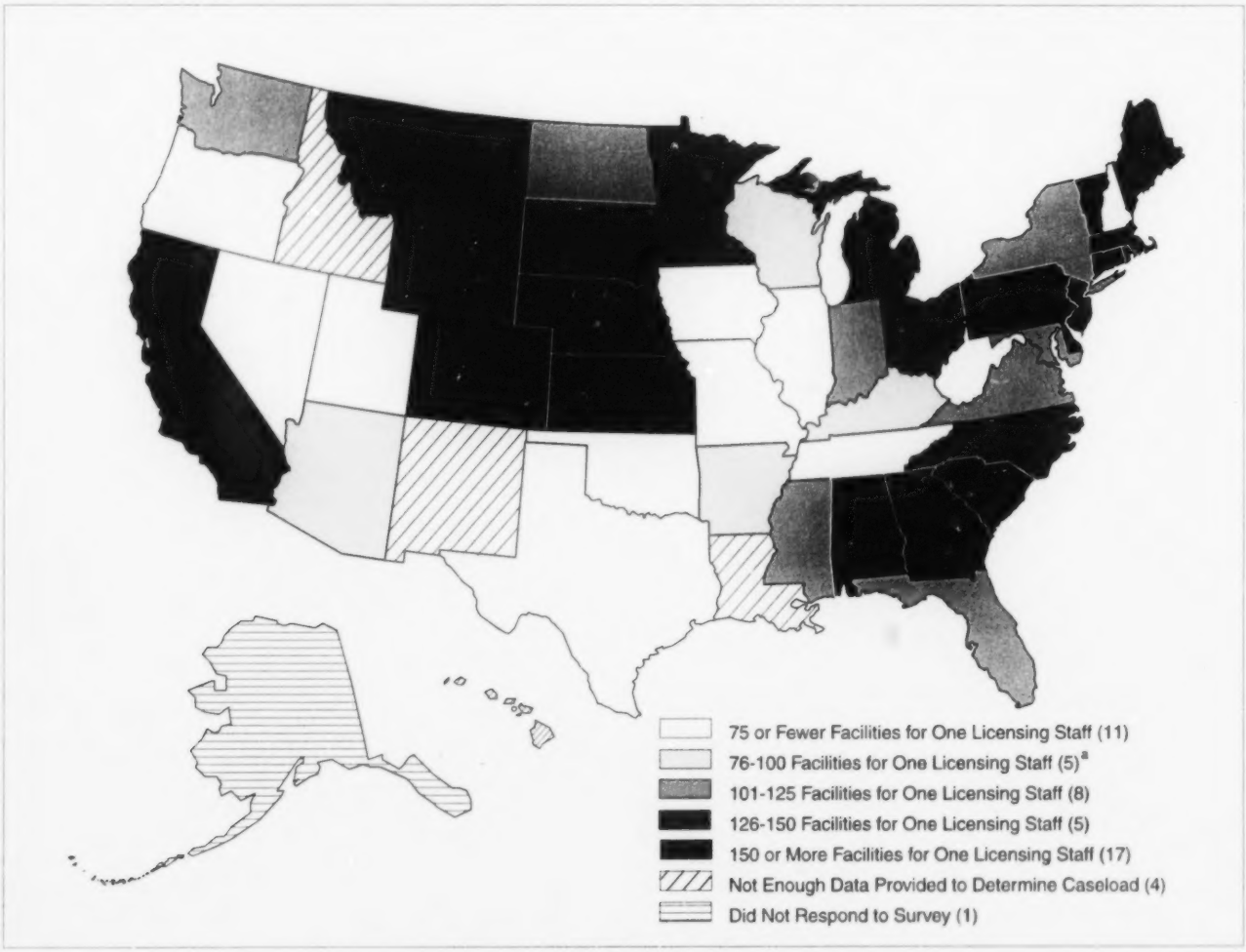
Figure 4: Number of States Reporting Various Training Requirements for Licensing Staff



Caseloads in Most States Are Larger Than Recommended

Our analysis of the data states reported in our survey indicates that 11 states have caseloads at or below the recommended level of 75 facilities per inspector (see app. III for more complete caseload data). The remaining states were above this level, with about one-third having caseloads more than twice the recommended level. (See fig. 5.)

Figure 5: Caseload Ranges for State Licensing Staff


75 or Fewer Facilities for One Licensing Staff (11)
76-100 Facilities for One Licensing Staff (5)[a]
101-125 Facilities for One Licensing Staff (8)
126-150 Facilities for One Licensing Staff (5)
150 or More Facilities for One Licensing Staff (17)
Not Enough Data Provided to Determine Caseload (4)
Did Not Respond to Survey (1)

[a]The District of Columbia falls in the 76-100 caseload range.

At the same time that state data show few states maintaining caseloads at recommended levels, states reported that they were visiting providers as often as recommended, and in several cases, more often. Such inconsistencies in data could be due, in part, to (1) the caseload standard itself, which experts note does not fully account for individual state

variables or time-saving measures that might allow states to operate effectively with larger caseloads than are recommended; (2) the trade-offs that licensing staff make, which were not captured in our survey, such as maintaining their schedule for monitoring visits at the expense of performing other duties, including processing applications, providing consultation, or documenting monitoring visits in a timely manner; or (3) inaccuracies in some of the reported data used to calculate caseload size and frequency of monitoring visits.

Almost All States Report Exempting Some Providers From Regulation

While recommended practice is that all providers, except relatives, who care for children outside of the child's home be regulated, almost all states exempt some types of out-of-home providers other than relatives from regulation. States vary, however, in their choice of providers to exempt, as table 4 shows.

Table 4: Types of Providers States Reported They Regulated and Exempted From Regulation, 1999

	Number of states		
Type of provider	**Licensed[a]**	**Registered or certified[a]**	**Exempted**
Nonrelative family child care	30	18	39
Group homes	35	6	2
Centers			
Commercial	47	2	0
Religious	43	7	3
School-based preschool	27	5	11
School-based after-school	33	4	13
Recreation	18	1	20
Work site	46	3	1
Federal[b]	20	2	21
State/local[b]	38	5	6

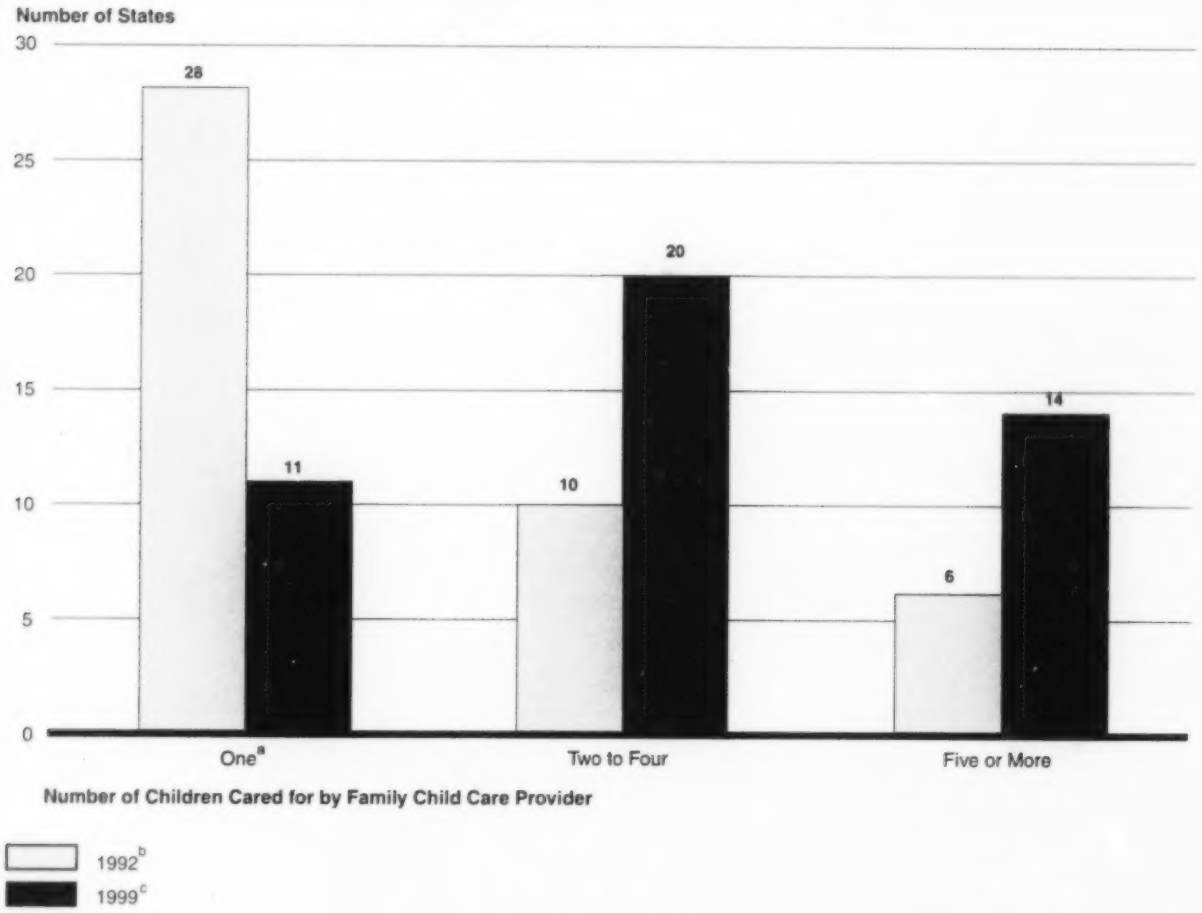
[a]Licensing is generally a stricter form of regulation than registration or certification. States require licensed providers to comply with requirements that are more numerous and stringent; states also conduct monitoring visits more frequently for licensed providers.

[b]These categories include child care facilities operated by or on the property of federal, state, or local governments.

Only 2 states—Kansas and Connecticut—reported regulating all of the 10 provider types listed in table 4, although 26 states reported exempting only 1 or 2 of the provider types.

As shown in table 4, many states regulate certain providers within a category while exempting other providers in the same category. For example, a full-day preschool program might be regulated by a state while a part-day preschool program might be exempted. This is especially true for family child care, for which the number of children a provider cares for determines whether or not the provider will be regulated by the state. As figure 6 illustrates, these numbers have been changing: more states allowed family child care providers to care for more children without being regulated in 1999 than in 1992.

Figure 6: Regulation Thresholds as Represented by Number of Children Cared for in Family Child Care, 1992 and 1999



Note: Data from the annual licensing survey of the Children's Foundation, a nonprofit national education organization, were used for 1992 and, in a few cases, for those states that provided incomplete data in 1999.

[a]States in this category would exceed NAEYC's recommended practice of regulating providers who care for two or more unrelated children.

[b]Forty-four states (including the district of Columbia) responded to this question. Data from seven states are not included in our analysis because family child care providers in these states were not required to be regulated in 1992.

BEST COPY AVAILABLE

[c]1999 data for five states are not included because these states regulate family child care homes on the basis of the number of children from the same family rather than simply the number of children cared for.

Many States Rely on Self-Certification for Nonregulated Providers to Enforce Block Grant Safety and Health Requirements

For regulated providers, meeting the block grant safety and health requirements is accomplished through adhering to states' normal licensing and enforcement requirements. Nonregulated providers who provide care that is subsidized by the block grant must also meet applicable state and local safety and health requirements. However, the block grant gives states wide discretion in determining the scope and stringency of the requirements for nonregulated providers as well as the approach states take to enforce these requirements. HHS reviews and approves a state's approach before the plan can take effect.[15] We found that many states provide packages of materials to nonregulated providers to inform them of the state requirements; some others are also applying two critical enforcement activities: background checks and visits.

Many States Provide Information Packages and Use Self-Certifications

A common approach used by states to inform nonregulated providers about applicable requirements is to give providers packages of materials that explain what the requirements are. In total, 28 states told us that they use this approach. Similarly, to help ensure compliance with the requirements, many states rely on a "self-policing" approach, requiring either the provider or parent to sign a form certifying that the provider will meet the requirements. In their block grant plans for 1997-99, 21 states reported using this approach to ensure compliance with the standard for nonregulated family child care homes, 4 used it for group homes, and 8 used it for centers.

Background Checks and Monitoring Visits Are Also Used

According to our survey, some states reported that they are employing enforcement activities for unregulated providers that have traditionally been reserved for regulated providers—background checks and monitoring visits—although more report conducting checks than visits. Specifically, 20 states reported conducting background checks on nonregulated providers receiving block grant funds; 6 states reported conducting visits; and 4 states reported doing both.

In a few states, the state agency responsible for administering the block grant funds requires that visits or checks be done. In one state, for

[15]Plans may include a description of how states will ensure that nonregulated providers meet the block grant's safety and health requirements.

example, the state block grant agency makes background checks and monitoring visits by the state child care licensing office a condition of the funding agreement between a provider and the block grant agency. Similarly, seven states reported that they require nonregulated providers to become regulated as a condition for receiving block grant funds.

State licensing officials told us that, in some instances, they lack the statutory authority to conduct background checks on, and monitoring visits to, nonregulated providers who receive block grant funds. Block grant officials in six states said that, because nonregulated providers are specifically exempted from child care regulation by state law, the states lacked the authority to conduct such regulatory activities. We were also told that in such cases state law would need to be changed in order to conduct these types of activities.

Conclusions

The mission of state child care licensing offices is to help protect the safety and health of children in settings outside of their home. And, although challenged by growing child care demand, licensing offices reported carrying out many key licensing and enforcement activities for their regulated providers at levels recommended by experts and the literature.

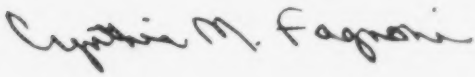
However, to ensure that nonregulated providers receiving block grant funds are meeting block grant safety and health requirements, many states rely solely on a certification process in which providers attest to the state, usually by signing a form, that they will meet the requirements. It is not surprising that states use less resource-intensive methods to enforce block grant requirements for these providers, because they ordinarily fall outside the states' normal licensing process and because there are concerns about the effects of regulation on the supply and cost of care. There is a trade-off, however. Self-certification affords less assurance that safety and health requirements—which the block grant says the states must have—are being met by nonregulated providers than does the level of oversight for regulated providers.

Agency and Other Comments

We provided officials of the Administration for Children and Families (ACF), HHS; the National Association for Regulatory Administration (NARA); and NAEYC an opportunity to comment on a draft of this report. ACF, NARA, and NAEYC provided technical comments, which we incorporated as appropriate.

We are sending copies of this report to the Honorable Olivia Golden, Assistant Secretary for Children and Families, HHS; appropriate congressional committees; and other interested parties. We will also make copies available to others on request.

If you or your staff have any questions about this report, please contact me or Karen Whiten on (202) 512-7215. Janet L. Mascia and Katrina Ryan made key contributions to this report.



Cynthia M. Fagnoni
Director, Education, Workforce,
and Income Security Issues

Contents

Letter 1

Appendix I Frequency of Licensure and Monitoring Visits in the States 28

Appendix II State Child Care Licensing Budget and Full-Time-Equivalent (FTE) Staffing Levels, 1996 and 1999 35

Appendix III State Caseloads, Fiscal Year 1999 37

Tables

Table 1: NAEYC- and NHSPS-Recommended Practices for Licensing and Enforcement 7
Table 2: Number of States That Reported Conducting Background Checks on Regulated Providers, by Type of Check and Provider, 1999 10
Table 3: Frequency of States' Monitoring Visits to Providers, 1999 14
Table 4: Types of Providers States Reported They Regulated and Exempted From Regulation, 1999 20

Figures

Figure 1: Number of States That Reported Conducting Background Checks on Regulated Providers, 1992 and 1999 12
Figure 2: Frequency of Monitoring Visits Reported by States, 1992 and 1999 15
Figure 3: Number of States Reporting Various Sanctions Available for Use 17

Figure 4: Number of States Reporting Various Training Requirements for Licensing Staff 18
Figure 5: Caseload Ranges for State Licensing Staff 19
Figure 6: Regulation Thresholds as Represented by Number of Children Cared for in Family Child Care, 1992 and 1999 22

Abbreviations

ACF	Administration for Children and Families
CCDBG	Child Care and Development Block Grant
FBI	Federal Bureau of Investigation
FTE	full-time-equivalent
HHS	Department of Health and Human Services
NARA	National Association for Regulatory Administration
NHSPS	National Health and Safety Performance Standards
NAEYC	National Association for the Education of Young Children

Frequency of Licensure and Monitoring Visits in the States

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
Alabama				
Family day care	2	Yes	Once every 2 years	1.0
Group homes	2	Yes	Once every 2 years	1.0
Centers	2	Yes	Once every 2 years	1.0
Alaska[a]				
Arizona				
Family day care	3	Yes	Twice a year	2.3
Group homes	3	Yes	Twice a year	2.3
Centers	3	Yes	Once a year	1.3
Arkansas				
Family day care	1	No	Three times a year	3.0
Group homes	1	No	Three times a year	3.0
Centers	1	No	Three times a year	3.0
California				
Family day care	License is nonexpiring	[b]	Less than once every 2 years	0.4
Group homes	License is nonexpiring	[b]	Less than once every 2 years	0.4
Centers	License is nonexpiring	[b]	Once a year	1.0
Colorado				
Family day care	License is nonexpiring	Yes	Once every 2 years	0.5
Group homes	License is nonexpiring	Yes	Once every 2 years	0.5
Centers	License is nonexpiring	Yes	Once every 2 years	0.5
Connecticut				
Family day care	2	No	Less than once every 2 years	0.4
Group homes	2	No	Once every 2 years	0.5
Centers	2	No	Once every 2 years	0.5
Delaware				
Family day care	1	No	Once a year	1.0
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
District of Columbia				
Family day care	1	Yes	Once a year	2.0
Group homes	[b]	[b]	[b]	[b]
Centers	1	Yes	Once a year	2.0

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
Florida				
Family day care	1	Yes	Twice a year	3.0
Group homes	[b]	[b]	[b]	[b]
Centers	1	Yes	Three times a year	4.0
Georgia				
Family day care	1	No	Random sample of 10% of registered providers	Random sample
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Hawaii				
Family day care	1	Yes	Once a year	2.0
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Idaho				
Family day care	2	[b]	Not inspected	Not inspected
Group homes	2	Yes	[b]	0.5
Centers	2	Yes	[b]	0.5
Illinois				
Family day care	3	Yes	Once a year	1.3
Group homes	3	Yes	Once a year	1.3
Centers	3	Yes	Once a year	1.3
Indiana				
Family day care	2	Yes	Once a year	1.5
Group homes	2	Yes	Once a year	1.5
Centers	2	Yes	Once a year	1.5
Iowa				
Family day care	1	No	Random sample of 20% of registered providers	Random sample
Group homes	1	No	Random sample of 20% of registered providers	Random sample
Centers	1	Yes	Twice a year	3.0
Kansas				
Family day care	1	No	Not inspected	Not inspected
Group homes	License is nonexpiring	Yes	Once a year	1.0
Centers	License is nonexpiring	Yes	Once a year	1.0

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
Kentucky				
Family day care	[b]	[b]	Not inspected[c]	Not inspected[c]
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Louisiana				
Family day care	[b]	[b]	Not inspected[c]	Not inspected[c]
Group homes[d]	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Maine				
Family day care	1	Yes	[b]	1.0
Group homes[d]	1	Yes	[b]	1.0
Centers	1	Yes	[b]	1.0
Maryland				
Family day care	2	Yes	Once every 2 years	1.0
Group homes	[b]	[b]	[b]	[b]
Centers	1	Yes	[b]	1.0
Massachusetts				
Family day care	3	Yes	Less than once every 2 years	0.7
Group homes	3	Yes	Once a year	1.3
Centers	2	Yes	Once a year	1.5
Michigan				
Family day care	3	No	Random sample of 10% of registered providers	Random sample
Group homes	2	Yes	Once a year	1.5
Centers	2	Yes	Once a year	1.5
Minnesota				
Family day care	2	Yes	Once every 2 years	1.0
Group homes	2	Yes	Once every 2 years	1.0
Centers	2	Yes	Once every 2 years	1.0
Mississippi				
Family day care	1	Yes	Twice a year	3.0
Group homes	1	Yes	Twice a year	3.0
Centers	1	Yes	Twice a year	3.0

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
Missouri				
Family day care	2	Yes	Twice a year	2.5
Group homes	2	Yes	Twice a year	2.5
Centers	2	Yes	Twice a year	2.5
Montana				
Family day care	3[e]	Yes	Random sample of 20% of registered providers	Random sample plus 0.3 for renewal
Group homes	3[e]	Yes	Random sample of 20% of registered providers	Random sample plus 0.3 for renewal
Centers	3[e]	Yes	Twice a year	2.3
Nebraska				
Family day care	License is nonexpiring	Yes[f]	Once a year	1.0
Group homes	License is nonexpiring	Yes[f]	Once a year	1.0
Centers	License is nonexpiring	Yes[f]	Twice a year	2.0
Nevada				
Family day care	1	Yes	Twice a year	3.0
Group homes	1	Yes	Twice a year	3.0
Centers	1	Yes	Twice a year	3.0
New Hampshire				
Family day care	3	Yes	Once a year	1.3
Group homes	3	Yes	Once a year	1.3
Centers	3	Yes	Once a year	1.3
New Jersey				
Family day care	3	Yes	Random sample of 20% of registered providers	Random sample plus 0.3 for renewal
Group homes[d]	3	Yes	Once a year	1.3
Centers	3	Yes	Once a year	1.3
New Mexico				
Family day care	1	Yes	Twice a year	3.0
Group homes	1	Yes	Twice a year	3.0
Centers	1	Yes	Twice a year	3.0
New York				
Family day care	1	No	Random sample of 21% of registered providers	Random sample
Group homes	2	Yes	Once a year	1.5
Centers	2	Yes	Once a year	1.5

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
North Carolina				
Family day care	License is nonexpiring	[b]	Random sample of 5% of registered providers	Random sample
Group homes	[b]	[b]	[b]	[b]
Centers	License is nonexpiring	[b]	Once a year	1.0
North Dakota				
Family day care	1	Yes	Twice a year	3.0
Group homes	1	Yes	Twice a year	3.0
Centers	1	Yes	Twice a year	3.0
Ohio				
Family day care	2	Yes	Twice a year	2.5
Group homes	2	Yes	Twice a year	2.5
Centers	2	Yes	Twice a year	2.5
Oklahoma				
Family day care	2	Yes	Three times a year	3.5
Group homes	[b]	[b]	[b]	[b]
Centers	2	Yes	Three times a year	3.5
Oregon				
Family day care	2	No	Not inspected[c]	Not inspected[c]
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Pennsylvania				
Family day care	2	No	Random sample of 10% of registered providers	Random sample
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Rhode Island				
Family day care	2	Yes	[b]	0.5
Group homes	1	Yes	[b]	1.0
Centers	1	No	Twice a year	2.0
South Carolina				
Family day care	1	No	Not inspected	Not inspected
Group homes	2	Yes	Twice a year	2.5
Centers	2	Yes	Twice a year	2.5

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
South Dakota				
Family day care	2	Yes	Once every 2 years	1.0
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Tennessee				
Family day care	1	Yes	Three times a year	4.0
Group homes	1	Yes	Three times a year	4.0
Centers	1	Yes	Three times a year	4.0
Texas				
Family day care	License is nonexpiring	[b]	At least once every 3 years	0.4
Group homes	License is nonexpiring	[b]	Once a year	1.0
Centers	License is nonexpiring	[b]	Once a year	1.0
Utah				
Family day care	1	Yes	Twice a year	3.0
Group homes	1	Yes	Twice a year	3.0
Centers	1	Yes	Twice a year	3.0
Vermont				
Family day care	1	No	Once every 2 years	0.5
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0
Virginia				
Family day care	Varies according to past performance	Yes	Twice a year	2.0
Group homes	[b]	[b]	[b]	[b]
Centers	Varies according to past performance	Yes	Twice a year	2.0
Washington				
Family day care	3	Yes	Once every 2 years	0.8
Group homes	3	Yes	Once every 2 years	0.8
Centers	3	Yes	Once a year	1.3
West Virginia				
Family day care	1	Yes	[b]	1.0
Group homes	2	Yes	[b]	0.5
Centers	2	Yes	[b]	0.5

(continued)

BEST COPY AVAILABLE

State	Number of years for which license is issued	Does the state conduct renewal visits?	Frequency of routine compliance visits	Frequency of visits per year (includes both renewal and routine compliance visits)
Wisconsin				
Family day care	2	Yes	Once a year	1.5
Group homes	[b]	[b]	[b]	[b]
Centers	2	Yes	Twice a year	2.5
Wyoming				
Family day care	1	Yes	Once a year	2.0
Group homes	1	Yes	Once a year	2.0
Centers	1	Yes	Once a year	2.0

Note: "Less than once every 2 years" and "at least once every 3 years" are denoted as ".4" years.

[a]Alaska did not respond to the survey.

[b]For varying reasons, data were unavailable.

[c]These providers may be inspected by another state agency.

[d]While these states provided group home category data, they refer to group homes as "small child care centers."

[e]License is issued for up to 3 years.

[f]Renewal consists of only a one-time visit.

BEST COPY AVAILABLE

State Child Care Licensing Budget and Full-Time-Equivalent (FTE) Staffing Levels, 1996 and 1999

State	1996 child care licensing budget	1999 child care licensing budget	Percentage change in budget from 1996 to 1999	1996 FTEs for child care licensing	1999 FTEs for child care licensing	Percentage change in FTEs from 1996 to 1999
Alabama	[a]	[a]	[a]	14	16	+14
Alaska	[b]	[b]	[b]	[b]	[b]	[b]
Arizona	[a]	[a]	[a]	23	25	+9
Arkansas	[a]	$2,170,972	[a]	35	35	0
California	$58,166,095	77,405,725	+33	197	197	0
Colorado	2,600,000	2,900,000	+12	[a]	25	[a]
Connecticut	1,633,900	1,750,000	+7	34	36	+6
Delaware	[a]	1,689,841	[a]	12	14	+17
District of Columbia	868,000	1,186,000	+37	6	7	+17
Florida	4,607,021	5,719,145	+24	88	75	-15
Georgia	[a]	4,017,676	[a]	[a]	49	[a]
Hawaii	3,881,080	9,556,728	+146	[a]	0	[a]
Idaho	[a]	[a]	[a]	[a]	[a]	[a]
Illinois	[a]	[a]	[a]	[a]	171	[a]
Indiana	800,000[c]	2,152,464	+169	24	34	+42
Iowa	[a]	[a]	[a]	18	[a]	[a]
Kansas	1,253,588	2,596,754	+107	48	55	+15
Kentucky	7,989,300[d]	8,888,500[d]	+11	9	21	+57
Louisiana	1,600,000	1,800,000	+13	0	0	[a]
Maine	350,000	600,000	+71	9	11	+22
Maryland	7,585,171	8,438,215	+11	132	126	-5
Massachusetts	6,000,000	7,000,000	+17	[a]	69	[a]
Michigan	7,500,000	8,000,000	+7	83	93	+12
Minnesota	3,237,653[e]	3,320,013[e]	+3	114	114	0
Mississippi	350,000	750,000	+114	5	15	+200
Missouri	3,800,000	5,000,000	+32	69	86	+25
Montana	[a]	[a]	[a]	10	12	+20
Nebraska	[a]	[a]	[a]	28	28	0
Nevada	[a]	[a]	[a]	3	17	+467
New Hampshire	638,565	692,576	+8	16	16	0
New Jersey	2,252,600	3,452,400	+53	20[f]	28[f]	+40
New Mexico	[a]	674,200	[a]	[a]	15	[a]
New York	9,868,671	13,498,700	+37	181	234	+29
North Carolina	4,010,000	5,670,000	+41	50	67	+34
North Dakota	81,740	453,400	+455	[a]	18	[a]
Ohio	3,495,237	3,999,575	+14	38	66	+74

(continued)

BEST COPY AVAILABLE

State	1996 child care licensing budget	1999 child care licensing budget	Percentage change in budget from 1996 to 1999	1996 FTEs for child care licensing	1999 FTEs for child care licensing	Percentage change in FTEs from 1996 to 1999
Oklahoma	3,357,643	5,680,905	+69	89	111	+25
Oregon	1,527,650	2,732,259	+79	17	34	+100
Pennsylvania	[a]	4,500,000	[a]	67	55	-18
Rhode Island	[a]	[a]	[a]	4	7	+75
South Carolina	1,297,772	1,612,433	+24	15	15	0
South Dakota	329,562	608,110	+85	5	10	+100
Tennessee	1,855,919	1,922,700	+4	62	81	+31
Texas	13,500,000	14,100,000	+4	307	329	+7
Utah	[a]	2,576,798	[a]	[a]	31	[a]
Vermont	427,000	629,972	+48	7	7	0
Virginia	5,917,065	6,919,074	+17	50	57	+14
Washington	5,008,000	5,411,000	+8	76	79	+4
West Virginia	[a]	[a]	[a]	2	7	+250
Wisconsin	2,600,000	3,480,800	+34	[a]	60	[a]
Wyoming	379,095	444,279	+17	6	6	0
Average			**+53**			**+44**

[a]Some states could not provide us with FTE or budget information for particular years.

[b]Alaska did not respond to the survey.

[c]This is an estimate of Indiana's 1996 state budget for staff only.

[d]Includes budget data for all human services licensing.

[e]Budget data are for state office only.

[f]FTE data do not include private agency staff who, under contract with the state, monitor family child care homes.

State Caseloads, Fiscal Year 1999

State	Number of child care facilities	Number of FTEs for child care licensing and enforcement	Caseload (based on reported number of facilities and FTEs)
Alabama	4,416	16	276
Alaska[a]			
Arizona	2,258	25	90
Arkansas	3,188	35	91
California	48,983	197	249
Colorado	8,319	25	333
Connecticut	6,142	36	171
Delaware	2,245	14	160
District of Columbia	597	7	85
Florida	8,881	75	118
Georgia	11,207	49	229
Hawaii	1,050	0	[b]
Idaho	1,425	[b]	[b]
Illinois	12,794	171	75
Indiana	3,945	34	116
Iowa	6,128	[b]	60[c]
Kansas	9,154	55	166
Kentucky	2,037	21[d]	97
Louisiana	1,850	[b]	[b]
Maine	3,600	11	327
Maryland	14,193	126	113
Massachusetts	14,110	69	204
Michigan	21,230	93	228
Minnesota	16,205	114	142
Mississippi	1,629	15	109
Missouri	4,513	86	52
Montana	1,818	12	152
Nebraska	4,280	28	153
Nevada	1,066	17	63
New Hampshire	1,191	16	74
New Jersey	3,615	28	129
New Mexico	[b]	15	[b]
New York	24,390	234	104
North Carolina	9,053	67	135
North Dakota	1,872	18	104

(continued)

State	Number of child care facilities	Number of FTEs for child care licensing and enforcement	Caseload (based on reported number of facilities and FTEs)
Ohio	9,809	66	149
Oklahoma	6,171	111	56
Oregon	11,712	34	75[e]
Pennsylvania	8,634	55	157
Rhode Island	1,176	7	168
South Carolina	3,749	15	250
South Dakota	1,749	10	175
Tennessee	5,734	81	71
Texas	21,664	329	66
Utah	2,157	31	70
Vermont	1,897	7	271
Virginia	5,923	57	104
Washington	9,350	79	118
West Virginia	400[f]	7	57
Wisconsin	4,947	60	82
Wyoming	893	6	149

[a]Alaska did not respond to the survey.

[b]Data were not available.

[c]Iowa could not provide data on FTEs. Instead it provided an estimate of its caseload for child care centers.

[d]Kentucky's FTE estimate includes state licensing staff who regulate other human services as well as child care facilities.

[e]Oregon provided an estimate of its caseload for group homes and centers only.

[f]West Virginia could provide data only on the number of its child care centers.

BEST COPY AVAILABLE

Ordering Information

The first copy of each GAO report and testimony is free. Additional copies are $2 each. Orders should be sent to the following address, accompanied by a check or money order made out to the Superintendent of Documents, when necessary. VISA and MasterCard credit cards are accepted, also. Orders for 100 or more copies to be mailed to a single address are discounted 25 percent.

Orders by mail:

U.S. General Accounting Office
P.O. Box 37050
Washington, DC 20013

or visit:

Room 1100
700 4th St. NW (corner of 4th and G Sts. NW)
U.S. General Accounting Office
Washington, DC

Orders may also be placed by calling (202) 512-6000 or by using fax number (202) 512-6061, or TDD (202) 512-2537.

Each day, GAO issues a list of newly available reports and testimony. To receive facsimile copies of the daily list or any list from the past 30 days, please call (202) 512-6000 using a touchtone phone. A recorded menu will provide information on how to obtain these lists.

For information on how to access GAO reports on the INTERNET, send an e-mail message with "info" in the body to:

info@www.gao.gov

or visit GAO's World Wide Web Home Page at:

http://www.gao.gov

PRINTED ON RECYCLED PAPER

United States
General Accounting Office
Washington, D.C. 20548-0001

Bulk Rate
Postage & Fees Paid
GAO
Permit No. G100

Official Business
Penalty for Private Use $300

Address Correction Requested